



Board of Health
212 Main Street
Northampton, MA 01060
Tel: (413) 587-1214 • Fax: (413) 587-1221
Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH
USE ONLY**

Amt Received: _____
Cash/Check No: _____
Received by: _____
Workers Comp Affidavit ☐

2019 APPLICATION TO OPERATE A STABLE PERMIT

PERMIT FEE: \$25.00: **ALL FEES PAID ARE NON-REFUNDABLE**
NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

In Accordance with the provisions of the Authority of the General Laws of the Commonwealth of Massachusetts, Chapter 111, Section 155, application is hereby made to operate a Stable

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

Number of Barns: _____

Stables: _____

Pens: _____

Kennels: _____

Number of Animals: _____

Cattle: _____ Swine: _____ Chickens: _____ Horses: _____

Geese: _____ Goats: _____ Ducks: _____ Sheep: _____

Rabbits: _____ Dogs: _____ Other Animals: _____

Type of Building (s)

Wood: _____ Concrete/Brick: _____

Other: _____

Floor Type:

Cement: _____ Wood: _____

Insect, Rodent Control Method (Briefly) _____

How Manure is Stored, Disposal Method: _____

Water Source: ☐ Public ☐ Well

Sewage Disposal: ☐ Public ☐ Well

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Signature of Applicant or Corporate Signature: _____